

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 188
Registered No. 49

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Globe No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Bobby Rose Mandel

{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other.	6. Legitimate? <u>yes.</u>	7. Date of birth <u>2-28-26</u> Month Day - Year
		5. No., in order of birth		

8. FATHER

Full name Robert Mandel
9. Residence (Usual place of abode) Globe
If non-resident, give place and state. Arizona
10. Color or race White
11. Age at last birthday 41 (Years)

12. Birthplace (city or place) Globe
(State or country) Arizona

13. Occupation Contractor
Nature of Industry

14. MOTHER

Full maiden name Bertha Alice Smith
15. Residence (Usual place of abode) Globe
If non-resident, give place and state. Arizona
16. Color or race White
17. Age at last birthday 42 (Years)

18. Birthplace (city or place) Aledo
(State or country) Illinois

19. Occupation Housewife
Nature of Industry

20. Number of children of this mother <u>8</u> (Taken as of time of birth of child herein certified and including this child.)	(a) Born alive and now living <u>7</u> (b) Born alive but now dead <u>1</u> (c) Stillborn <u>0</u>	21. Were precautions taken against oph- thalmia neonatorum? <u>yes</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8:36 A m. on the date above stated
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature C. W. Adams

Physician
(Physician or midwife)

Given name added from a supplemental report _____ Address Globe, Arizona
Month, day, year _____

Filed 2/28/26 N. W. Hunt
Registrar Registrar

243-228-228

MANUSCRIPT RESERVED FOR BIRTH RECORD

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.